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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							Application Number <i>08/169,127</i>	Filing Date		
							Applicant(s)			
CLAIMS	* AS FILED <i>60-27-06</i>		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments			
	Indep	Depend	Indep	Depend	Indep	Depend	<i>6/27/06</i>	*	*	*
1							51	Indep	Depend	Indep
2							52			
3							53			
4							54			
5							55			
6							56			
7							57			
8							58			
9							59			
10							60			
11							61			
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39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep							Total Indep			
Total Depend							Total Depend			
Total Claims							Total Claims			

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

10/2

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						Application Number <i>08/169,127</i>	Filing Date				
						Applicant(s)					
CLAIMS	AS FILED <i>6-27-06</i>		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments				
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend
101							151	<i>1</i>			
102							152	<i>1</i>			
103							153	<i>1</i>			
104							154	<i>1</i>			
105							155	<i>2</i>			
106							156	<i>2</i>			
107							157	<i>1</i>			
108							158	<i>4</i>			
109							159	<i>4</i>			
110							160	<i>4</i>			
111							161	<i>4</i>			
112							162	<i>4</i>			
113							163	<i>4</i>			
114							164	<i>1</i>			
115							165	<i>1</i>			
116							166	<i>2</i>			
117							167	<i>2</i>			
118							168	<i>1</i>			
119							169	<i>2</i>			
120							170	<i>2</i>			
121							171	<i>2</i>			
122							172	<i>2</i>			
123							173	<i>0</i>			
124							174	<i>0</i>			
125							175	<i>0</i>			
126							176				
127							177				
128							178				
129							179				
130							180				
131							181				
132							182				
133							183				
134							184				
135							185				
136							186				
137							187				
138							188				
139							189				
140							190				
141							191				
142		<i>2</i>					192				
143		<i>2</i>					193				
144		<i>2</i>					194				
145		<i>2</i>					195				
146		<i>2</i>					196				
147		<i>2</i>					197				
148		<i>0</i>					198				
149		<i>0</i>					199				
150		<i>0</i>					200				
Total Indep							Total Indep	<i>12</i>			
Total Depend							Total Depend	<i>85</i>			
Total Claims							Total Claims	<i>97</i>			

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Loy J